True Resolutions Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: @trueresolutionsiro.com

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned Disagree

☐ Partially Overturned Agree in part/Disagree in part

☐ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was involved X. Ultimately, X developed chronic persistent left wrist, hand, distal digit burning pain associated with swelling, sensitivity to touch and often dropping things following the traumatic work injury. The diagnoses were pain in hands and fingers (X) and complex regional pain syndrome type 1 following traumatic left-hand bite wound. X was seen by X, DO on X for a follow-up. X was eagerly waiting to go ahead with X, which had been highly efficacious on the left side despite the peer doctor's denial of care. Per Dr. X, this was the end of treatment. This was the "last option." The X was highly efficacious and beneficial at restoring the function, decreasing pain, decreasing potential for spread, further disability and healthcare costs, which has been time proven. Dr. X further stated as follows: "Based on evidence-based medicine doctor, not a single study that you site from the X. We know they are a behavioral community. Their influence on the ODG as well established but however they don't get people well with second or third stage X. We have already established that this patient has gotten better with X, X quality of life, X pain scores, X sensitivity have all improved. X effect is improved. X is on a combination of X. This is why this is the last stage treatment. X has already failed conservative care including physical therapy, rehabilitative medical treatment options. I would ask the doctor to do their due digilence. This injury dates back to X, that was why X was sent us. Anyway, we are going to resubmit for X. The patient's pain is now X-. Further treatment may include X. X is ready noticing X is dropping things now on the right. Further surgical intervention is trying to be avoided. The patient has come forth with us

and asking for this treatment as soon as possible. We have asked X to bring a list of X medicines from other caretakers. X is to maintain on X, which Dr. X started judiciously to help with X reactive depression and myofascial pain associated with X injury as well as X is to continue with X X as prescribed." X was seen by Dr. X on X. X had done well following X including specific X for the left wrist, arm and hand pain following a traumatic injury requiring surgical intervention while at work. X did well with X and active range of motion exercise getting X back at work. X felt X was developing similar symptoms in X right hand. X had swollen right hand. X had mild X and X was losing grip strength. Per Dr. X, X did spread to the X was recommended on the right. X was continued, which had helped X with X sleep or affect and for neuropathic pain control as did X. A X was recommended to be applied locally as X did have marked X across X wrist and hand both left and right. A X would be scheduled pending insurance authorization. Per Dr. X, "X does spread and this is the same disorder that we are treatment in the left wrist and hand and now it has spread right, and we suggest approval for that as soon as possible." Active range of motion exercise was continued. X was encouraged. "X was back to work. No imaging of right upper extremity was available in the provided records. Treatment to date included X. Per a utilization review adverse determination letter dated X and a peer review report with referral date X by X, MD, the request for X was non-certified. Rationale: "The history and documentation do not objectively support the request for a X for the right hand. The ODG state "X for Pain. Not Recommended (generally). Not recommended based on a lack of quality studies. Since X has been widely performed, despite lack of evidence of effectiveness, other more proven treatment strategies like cognitive behavioral therapy and motion exercises should be preferentially instituted, X may only be considered as a last option for limited, select cases with a diagnosis of X mediated pain, and. as a therapeutic adjunct to facilitate physical therapy/ functional restoration.

When performed as a last option: Indications (based on historical consensus) for use of X. There is no evidence of lower level conservative care for the right hand including local modalities, rest, exercise, and judicious trials of medications. The medical necessity of this request has not clearly been demonstrated and a clarification was not obtained. “Per a reconsideration utilization review adverse determination letter dated X and a peer review report for referral date X by X, MD, an appeal request for X was non-certified. Rationale: “Documentation reviewed does not specify all other diagnoses have been ruled out before consideration of the requested procedure. There is no appreciation that Budapest (Harden) criteria have been evaluated for and fulfilled in the affected limb and that the injured worker has undergone active physical or occupational therapy for the right hand as it was the left hand which was originally affected. “Thoroughly reviewed provided documentation including peer reviews. Per the cited ODG criteria, patient does meet criteria for requested X. Provider had extensive documentation about how patient met criteria for diagnosis of X, he noted extensive prior conservative treatment, noted this was a last resort, and even noted pain relief after procedure. Requested X is indicated. X is medically necessary and certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Thoroughly reviewed provided documentation including peer reviews. Per the cited ODG criteria, patient does meet criteria for requested X. Provider had extensive documentation about how patient met criteria for diagnosis of X, he noted extensive prior conservative treatment, noted this was a last resort, and even noted pain relief after procedure. Requested X is indicated. X is medically necessary and certified
Overturned

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL